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NO. 129 P. 1/1

PART B - FEE(S) TRANSMITTAL

SEP 02 2003

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Leicia A Hernandez	(Depositor's name)
<i>J. Hernandez</i>	(Signature)
06-02-03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/485,193	12/27/2000	Patrick A. Schneider	018002-00101	1634

TITLE OF INVENTION: USE OF PROTHYMOSEN IN THE DIAGNOSIS AND TREATMENT OF ENDOMETRIOSIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	09/02/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
ZITOMER, STEPHANIE W	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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 AND CREW LLP
 2. _____
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REPROGEN, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

IRVINE, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

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 Issue Fee Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 10 The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

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(Authorized Signature) <i>Nathan S. Cassell</i>	(Date) 9-2-03
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02 FC:1504	300.00 DA
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